



South Windsor Parks & Recreation Department

Preschool Program

Emergency Contact Information Form

*Please clearly print ALL information and return to the Parks & Recreation Department prior to the start of your child's preschool class.

CHILD'S NAME: _____ BIRTH DATE: _____

CHILD'S NAME: _____ BIRTH DATE: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

*Please star the number you would like called first in the event of an emergency.

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

*Please star the number you would like called first in the event of an emergency.

If parent/guardian not available in an emergency, please contact:

Name: _____

Phone: _____

Does your child have any allergies? YES NO

Please list all known allergies and describe reaction and management of reaction:

Please list any other medical or special needs or concerns:

Are you child(ren)'s vaccinations current? YES NO

If no, please indicate the reason your child has not be vaccinated:

_____ My child has not been vaccinated for philosophical reasons

_____ My child has not been vaccinated for medical reasons

PICK UP AUTHORIZATION

List all people authorized to pick-up your child from preschool (other than the parent/guardian listed). For your child's safety, everyone who is picking up a child from the preschool program *must* show ID and sign out the child.

| Name | Relationship to Child | Phone Number(s) |
|------|-----------------------|-----------------|
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Is there anyone you do not want to pick up your child: YES NO

If yes, please list full name and a brief description:

Signature of Parent/Guardian: _____

Print Name: _____

Date: _____